

<b>Case Number:</b>	CM13-0062211		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/27/2010
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Dentistry and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Per [REDACTED]' report dated 10/02/2013, the patient had an industrial injury on 10/27/2010, resulting in major head trauma with accompanying neck and left shoulder pain. As a result of this injury, the patient is diagnose with: 1. Periodontal bone loss 2. Fractured tooth #31 3. Decay of teeth #16 and #32 4. Bruxism [REDACTED] has asked for Periodontal scaling and root planings to treat the periodontal disease, as well as Oral hygiene instructions and Fluoride application. [REDACTED] has asked for repair of #31 [REDACTED] has also performed Pulse Oximetry and Pulmonary stress testing on this patient.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### REPAIR OF FRACTURED TOOTH #31 DUE TO BRUXISM; REPORT 10/31/13:

Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dickson, Murray (July 1996) (1983). "Scaling Teeth" (pdf). Where There Is No Dentist (7th printing ed.). Palo Alto, CA: The Hesperian Foundation. pages 121-128. ISBN 0-942364-05-8. Retrieved March 2005.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: J CRANIOFAC SURG. 2010 JUL;21(4):1213-7. SURGICAL

APPROACHES AND FIXATION PATTERNS IN ZYGOMATIC COMPLEX FRACTURES.  
OLATE S, ET AL.

**Decision rationale:** As stated in the reference above, "dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth, required as a result of, and directly related to, an accidental injury. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and protective restoration." Per [REDACTED] report on the patient's dental examination, dated 12/2/2013, it was found that the patient was diagnosed with "an industrially related fracture of tooth #31" Therefore, per the reference listed above, repair of tooth #31 is medically necessary.

**UPPER RIGHT QUADRANT PERIODONTAL SCALING PERFORMED ON 10/31/13:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dickson, Murray (July 1996) (1983). "Scaling Teeth" (pdf). Where There Is No Dentist (7th printing ed.). Palo Alto, CA: The Hesperian Foundation. pages 121-128. ISBN 0-942364-05-8. Retrieved March 2005.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: COMPREHENSIVE PERIODONTAL THERAPY: A STATEMENT BY THE AMERICAN ACADEMY OF PERIODONTOLOGY. J PERIODONTOL 2011 JUL;82(7):943-9.

**Decision rationale:** Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul;82(7):943-9. As stated in the reference above, treatment procedures indicated for patients with any periodontal disease should include "removal of supra- and subgingival bacterial plaque/biofilm and calculus by comprehensive, meticulous periodontal scaling and root planing." Per [REDACTED] report on the patient's dental examination, dated 12/2/2013, it was found that the patient was diagnosed with "Industrially Aggravated Periodontal Disease". Therefore, Scaling and Root Planing of Upper Right quadrant is medically necessary.

**UPPER LEFT QUAD PERIODONTAL SCALING PERFORMED ON 10/31/13:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dickson, Murray (July 1996) (1983). "Scaling Teeth" (pdf). Where There Is No Dentist (7th printing ed.). Palo Alto, CA: The Hesperian Foundation. pages 121-128. ISBN 0-942364-05-8. Retrieved March 2005.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: COMPREHENSIVE PERIODONTAL THERAPY: A STATEMENT BY THE AMERICAN ACADEMY OF PERIODONTOLOGY. J PERIODONTOL 2011 JUL;82(7):943-9.

**Decision rationale:** Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul;82(7):943-9. As stated in the reference above, treatment procedures indicated for patients with any periodontal disease should include "removal of supra- and subgingival bacterial plaque/biofilm and calculus by comprehensive, meticulous periodontal scaling and root planing." Per [REDACTED]' report on the patient's dental examination, dated 12/2/2013, it was found that the patient was diagnosed with "Industrially Aggravated Periodontal Disease". Therefore, Scaling and Root Planing of Upper Left quadrant is medically necessary.

#### **LOWER RIGHT QUADRANT PERIODONTAL SCALING PERFORMED ON 10/31/13:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dickson, Murray (July 1996) (1983). "Scaling Teeth" (pdf). Where There Is No Dentist (7th printing ed.). Palo Alto, CA: The Hesperian Foundation. pages 121-128. ISBN 0-942364-05-8. Retrieved March 2005.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: COMPREHENSIVE PERIODONTAL THERAPY: A STATEMENT BY THE AMERICAN ACADEMY OF PERIODONTOLOGY. J PERIODONTOL 2011 JUL;82(7):943-9.

**Decision rationale:** Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul;82(7):943-9. As stated in the reference above, treatment procedures indicated for patients with any periodontal disease should include "removal of supra- and subgingival bacterial plaque/biofilm and calculus by comprehensive, meticulous periodontal scaling and root planing." Per [REDACTED]' report on the patient's dental examination, dated 12/2/2013, it was found that the patient was diagnosed with "Industrially Aggravated Periodontal Disease". Therefore, Scaling and Root Planing of Lower Right quadrant is medically necessary.

#### **LOWER LEFT QUAD PERIODONTAL SCALING PERFORMED ON 10/31/13:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dickson, Murray (July 1996) (1983). "Scaling Teeth" (pdf). Where There Is No Dentist (7th printing ed.). Palo Alto, CA: The Hesperian Foundation. pages 121-128. ISBN 0-942364-05-8. Retrieved March 2005.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: COMPREHENSIVE PERIODONTAL THERAPY: A STATEMENT BY THE AMERICAN ACADEMY OF PERIODONTOLOGY. J PERIODONTOL 2011 JUL;82(7):943-9.

**Decision rationale:** Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul;82(7):943-9. As stated in the reference above, treatment procedures indicated for patients with any periodontal disease should include "removal of supra- and subgingival bacterial plaque/biofilm and calculus by comprehensive, meticulous periodontal scaling and root planing." Per [REDACTED] report on the patient's dental examination, dated 12/2/2013, it was found that the patient was diagnosed with "Industrially Aggravated Periodontal Disease". Therefore, Scaling and Root Planing Lower Left quadrant is medically necessary.

#### **PERIODONTAL CHEMOTHERAPY PERFORMED ON 10/31/13: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dickson, Murray (July 1996) (1983). "Scaling Teeth" (pdf). Where There Is No Dentist (7th printing ed.). Palo Alto, CA: The Hesperian Foundation. pages 121-128. ISBN 0-942364-05-8. Retrieved March 2005.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: COMPREHENSIVE PERIODONTAL THERAPY: A STATEMENT BY THE AMERICAN ACADEMY OF PERIODONTOLOGY. J PERIODONTOL 2011 JUL;82(7):943-9.

**Decision rationale:** Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul;82(7):943-9. As stated in the reference above, treatment procedures indicated for patients with any periodontal disease should include "Chemotherapeutic agents may be used as appropriate to reduce, eliminate, or change the quality of microbial pathogens, or alter the host response through local or systemic delivery." Therefore, the decision for Periodontal Chemotherapeutic agents was medically necessary.

#### **ORAL HYGIENE INSTRUCTIONS GIVEN ON 10/31/13: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dickson, Murray (July 1996) (1983). "Scaling Teeth" (pdf). Where There Is No Dentist (7th printing ed.). Palo Alto, CA: The Hesperian Foundation. pages 121-128. ISBN 0-942364-05-8. Retrieved March 2005.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: COMPREHENSIVE PERIODONTAL THERAPY: A STATEMENT

BY THE AMERICAN ACADEMY OF PERIODONTOLOGY. J PERIODONTOL 2011 JUL;82(7):943-9.

**Decision rationale:** other medical treatment guideline or medical evidence: comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J. Periodontol 2011 Jul;82(7):943-9. The Expert Reviewer's decision rationale: Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul;82(7):943-9. As stated in the reference above, treatment procedures indicated for patients with any periodontal disease should include "patient education, training in oral hygiene, and counseling on control of risk factors (e.g., stress, medical status, smoking, etc.)" Therefore, the decision on Oral Hygiene instructions was medically necessary.

#### **TOPICAL FLUORIDE PROVIDED ON 10/31/13: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dickson, Murray (July 1996) (1983). "Scaling Teeth" (pdf). Where There Is No Dentist (7th printing ed.). Palo Alto, CA: The Hesperian Foundation. pages 121-128. ISBN 0-942364-05-8. Retrieved March 2005.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: MED DOSW MIKROBIOL. 2013;65(2):129-32. THE EFFECTS OF TOPICAL FLUORIDATION OF ENAMEL ON THE GROWTH OF CARIOGENIC BACTERIA CONTAINED IN THE DENTAL PLAQUE. PLUCIENNIK-STRONIAS M, ZARZ.

**Decision rationale:** Med Dosw Mikrobiol. 2013;65(2):129-32. The effects of topical fluoridation of enamel on the growth of cariogenic bacteria contained in the dental plaque. Pluciennik-Stronias M, Zarzycka B The reference above states that " dental caries is a bacterial disease. The most important element used in caries prevention is fluoride" Therefore the decision for Topical Fluoride was medically necessary.

#### **PULSE OMETRY PROVIDED ON 10/31/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Stuck BA, Maurer JT. Airway evaluation in obstructive sleep apnea, Sleep Med Rev. 2008 Dec;12(6):411-36. Epub 2007 Nov 28.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: MEDSCAPE REFERENCE: PULSE OXIMETRY. AUTHOR: BRUCE M LO, MD, CPE, RDMS, FACEP, FAAEM; CHIEF EDITOR: ZAB MOSENFAR, MD.

**Decision rationale:** Medscape Reference: Pulse Oximetry. Author: Bruce M Lo, MD, CPE, RDMS, FACEP, FAAEM; Chief Editor: Zab Mosenifar, MD Per reference cited above, the

indications for Pulse Oximetry are: - Endotracheal intubation - Cardiac arrest - Procedural sedation - Asthma/chronic obstructive pulmonary disease (COPD) - Respiratory complaints - Acute respiratory distress syndrome (ARDS) - Sleep disorders/sleep apnea - Shunts in cyanotic heart diseases Therefore, the decision for Pulse Oximetry is not medically necessary for this patient, as the patient does not have the conditions listed above.

**PULMONARY STRESS TESTING PERFORMED ON 10/31/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Si Y, Fan H, Song Y, Zhou X, Zhang J, Wang Z. Association between periodontitis and chronic obstructive pulmonary disease in a Chinese population. J Periodontal. 2012 Oct;83(10):1288-96. Epub 2012 Jan 16.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: MEDSCAPE REFERENCE: PULMONARY FUNCTION TESTING. AUTHOR: KEVIN MCCARTHY, R-CPT, RPFT; CHIEF EDITOR: ZAB MOSENIFAR, MD.

**Decision rationale:** Medscape Reference: Pulmonary Function Testing. Author: Kevin McCarthy, R-CPT, RPFT; Chief Editor: Zab Mosenifar, MD The reference above states that: "CPX (cardiopulmonary exercise test) is used for evaluation of dyspnea that is out of proportion to findings on static pulmonary function tests, preoperative evaluation of operative risk when lung function is compromised or removal of lung segments is contemplated, evaluation of disability, identification of exercise-induced asthma, and evaluation of therapy" Per the reference, the CPX for this patient was not medically necessary as the conditions listed do not apply to this patient.